



queen's park
By ALF STONG
MLA — York-Centre

Hospital budget plans announced

The Minister of Health recently announced budget plans for Ontario Hospitals for the fiscal year 1979-80.

A 5.3 per cent increase is planned for each chronic care and rehabilitation hospital, for chronic care and rehabilitation units within active treatment hospitals, and for out-patient operations. A 4.5 per cent increase is planned for public hospitals, after adjustments for bed-population guidelines. There is to be a three-year program to phase in bed-population guidelines of 3.5 beds per 1,000 in Northern Ontario.

The Minister stated that no hospital will receive less money in this fiscal year than last, and that district health councils and other organized local health planning bodies will have increasing responsibilities in co-ordinating health care services for both hospitals and alternate forms of care, such as long-term care.

He mentioned copayment adjustments for ambulance services, the introduction of \$8.80 per diem copayment for long-term chronic care and capital financing incentives for hospital cost-saving projects.

There is to be continued funding for life support and one-of-a-kind programs, and long-term care services may be expanded as a result of studies of long-term care requirements now being conducted by district health councils and other health planning bodies.

Two kinds of adjustments will affect hospitals as of April 1. The first is with respect to

budgets, and the second is in connection with measures designed to encourage "better use of the health system" — specifically copayment or user fees.

As the Minister pointed out, the principle of user fees is not new. Those who use ambulances and those in nursing homes have paid user fees ever since these services became insured benefits.

Insured persons who use the ambulance service are charged a fee for each trip and extended care residents of nursing homes are charged a per diem rate.

Certain user fees have also been recommended by a number of committees and groups studying health costs in recent months, such as the Taylor Committee and the Legislature's Select Committee on Health Care Financing and Costs.

The Minister pointed out that at this time some 35,000 extended care patients in nursing homes and homes for the aged pay a per diem charge, while patients in chronic hospitals, which cost far more, now pay no per diem fee at all.

There is currently no incentive to move patients from chronic beds to nursing home beds when nursing home care could more properly meet their needs.

The Government is therefore introducing a per diem charge for those occupying a chronic bed in a public or chronic hospital longer than 60 days. The 60-day qualifying period began February 1. As of April 1, 1979, the fee is to be \$9.80 a day, equal to the per diem nursing home fee. The same fee

would also apply to those occupying a bed in a provincial psychiatric hospital longer than 60 days.

Exemptions from the chronic care copayment will include those on Family Benefit Allowance and on General Welfare Assistance, as well as those veterans in Sunnyside and Westminister for whose care we have agreements with the federal government.

As of April 1, the ambulance copayment will increase, for the first time since its inception 11 years ago. For insured persons, it will increase from \$5 to \$20. The mileage charge for longer trips will be abolished. For those not insured or for uninsured services, such as medically unnecessary trips, the user charge will increase from \$25 to \$40. The actual cost of an average ambulance trip is about \$90.

The Liberal Party supports the shift away from expensive institutional care to cheaper community alternatives. We can understand the reasoning of the government in attempting to restrain the budgets of general hospitals and to charge certain patients a copayment fee.

We are somewhat concerned, however, that the alternatives to these acute care facilities have not been provided, and the proposals of the government will require further assessment.

The proposal to levy a charge against those in psychiatric hospitals for example for more than 60 days is crude, cruel and discriminatory. Patients are likely, even after 60

days, to be in the acute phase of their illness. Most of them still must maintain their homes and families since they are very likely to recover sufficiently to return to their regular life pattern.

Furthermore, they are, with modern treatment, likely to be visiting home regularly during their hospital stay. They are not in a position to be paying "rent" to the psychiatric hospital while maintaining their own home and family.

While both the Taylor Committee and the Select Committee on Health Care costs and Financing recommended user charges for certain chronic care patients in order to treat them on the same basis as those in nursing homes who currently pay per diem charges, neither Committee recommended such charges for

psychiatric patients. As the Minister has proposed it to date, we see little alternative but to oppose this suggestion.

In addition, within a so-called "overbedded" area (over four beds per thousand) all hospitals are being treated the same. Instead of dealing with each hospital individually, efficient hospitals and inefficient ones alike are to be restrained on the basis of their geographic location. Because efficiency receives no reward, morale will be undermined in those hospitals that have been making a genuine effort to utilize their facilities in an economical and efficient manner. This is unwise, in our view. We would like to see the restraints related to some extent to a hospital's record of economy and efficiency.

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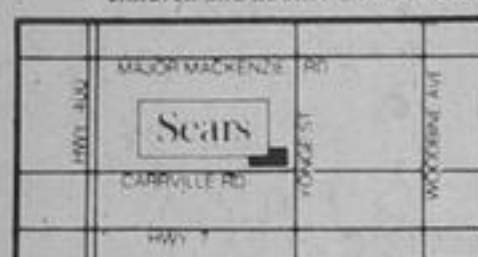


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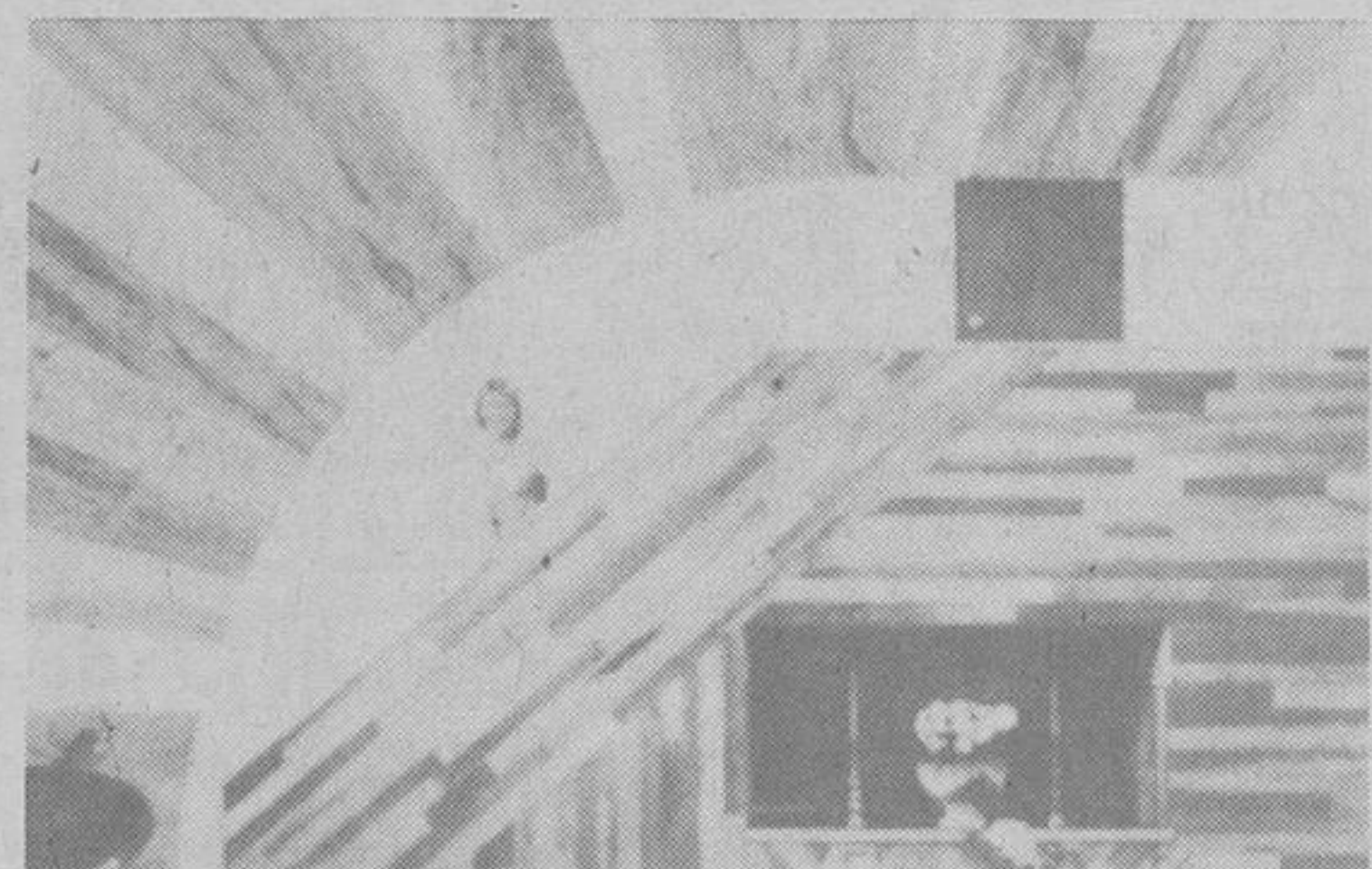
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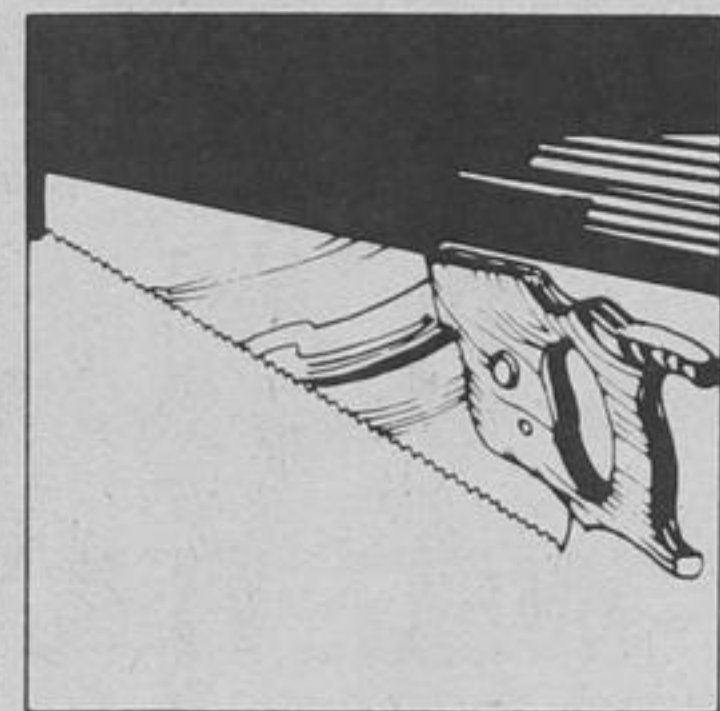
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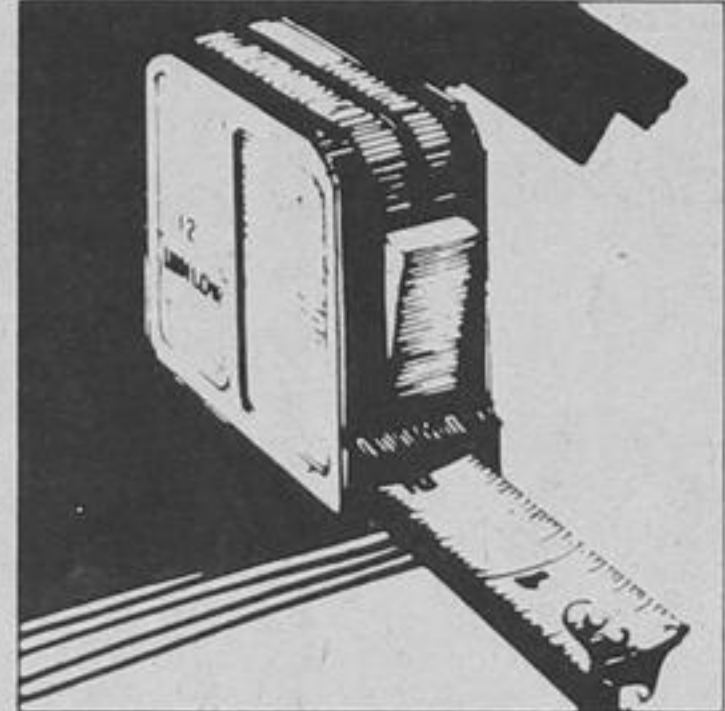


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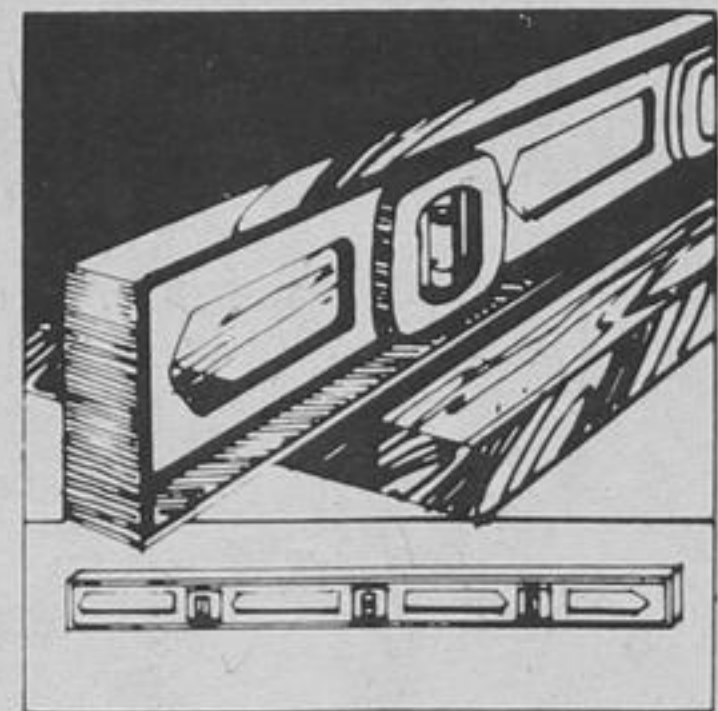


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